

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000063402

1. Entity Name

ANTHONY C. RISPOLI & ASSOCIATES, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90118 036 \*\*\*150.00

Principal Place of Business

761 WILLOWBROOK DRIVE #1405  
 NAPLES FL 34108

Mailing Address

761 WILLOWBROOK DRIVE #1405  
 NAPLES FL 34108-8568

2. Principal Place of Business

241 MONTEREY DRIVE  
 Suite, Apt. #, etc.

3. Mailing Address

241 MONTEREY DR  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 NAPLES FL

City & State  
 NAPLES FL

4. FEI Number 59-3396130

Applied For  
 Not Applicable

Zip Country  
 34119 USA

Zip Country  
 34119 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RISPOLI, ANTHONY C  
 761 WILLOWBROOK DRIVE #1405  
 NAPLES FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

241 MONTEREY DRIVE  
 City NAPLES FL Zip Code 34119

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD  
 NAME RISPOLI, ANTHONY C  
 STREET ADDRESS 761 WILLOWBROOK DRIVE #1405  
 CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE CD  
 NAME RISPOLI, ANTHONY C  
 STREET ADDRESS 241 MONTEREY DR  
 CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 941.348.8316

CR2E034 (9/99)